

Montgomery County Health Department

Environmental Health Section

217 S. Main St.
Troy, NC 27371

Phone: (910) 572-8175
Fax: (910) 571-0912

REQUEST FOR WATER SAMPLE

APPLICANT'S NAME: _____ PHONE: _____

ADDRESS: _____

WELL OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

DIRECTIONS TO RESIDENCE OR SAMPLE SITE: _____

TYPE OF SAMPLE REQUESTED:

_____ BACTERIOLOGIC - \$5.00

(coliform, fecal coliform)

_____ PESTICIDE - \$25.00

_____ INORGANIC CHEMICAL - \$5.00

(arsenic, iron, pH, lead, etc.)

_____ PETROLEUM - \$25.00

_____ NITRATE - \$25.00

(nitrates come from fertilizers, hog farms, etc.)

_____ Fluoride - \$6.00

LIST ANY PARTICULAR PROBLEM WITH WATER:

IS THE WELL TO BE SAMPLED A DRILLED WELL? ____ YES ____ NO ____ UNSURE

IF YOU DESIRE SAMPLES TO BE COLLECTED FROM A SPECIFIC LOCATION (e.g., kitchen sink, well head, spigot in yard, etc.) PLEASE INDICATE: _____

I hereby give permission to the Montgomery County Health Department to collect from my well the water samples requested above.

OWNER'S SIGNATURE: _____ DATE: _____